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UTILITY PATENT APPLICATION **TRANSMITTAL**

Alloine	y DOCKEL	VU.	001107.00412	
First In	ventor	Rich	nard Rothman	
Title			/E ASSAY FOR THE SIMULTANEOUS DETECTION FION OF BACTERIAL INFECTIONS	

(Only for new nonprovisional application	ons under 37 C.F.R. 1.53(b))	Express Mail Label No.			98		
APPLICATION See MPEP chapter 600 concerning utility	ON ELEMENTS y patent application contents.	ADDRESS TO	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450				
Fee Transmittal Form (e.g. (Submit an original and a duplication See 37 CFR 1.27. Specification (preferred arrangement set for Descriptive title of the Inven Cross Reference to Related Statement Regarding Fed services - Reference to sequence listing the services - Reference to sequence is the sequence in the sequence is the sequence is the sequence is the sequence in the sequence is the sequence is the sequence in the sequence is the sequence is the sequence in the sequence in the sequence is the sequence in the sequence in the sequence is the sequence in the sequence in the sequence is the sequence in the sequence in the sequence in the sequence is the sequence in the sequence in the sequence in the sequence is the sequence in th	e for fee processing) tity status. [Total Pages 33] orth below) tition I Applications ponsored R & D	Computer 8. Nucleotide and (if applicable, a Compute b. Specification i. CD-RC ii. paper	 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: CD-ROM or CD-R (2 copies); or 				
or a computer program listin	ng appendix		ACCOMPANYING APPLICATIONS PARTS				
 Background of the Inventior Brief Summary of the Invention Brief Description of the Draventon Claim(s) Abstract of the Disclosure 	tion	10. 37 C.F.F	1 = ' ' ' = ' ' '				
4. ☑ Drawing(s) (35 U.S.C.113) [Total Sheets 5	11. English	Translation Docu	ment (if applicable)			
Formal Informa 5. Oath or Declaration			ion Disclosure nt (IDS)/PTO-144	Copies of I Citations	DS		
a. Newly executed (original		13. 🛛 Prelimin	ary Amendment				
b. 🛛 Copy from a prior applica	ation (37 CFR 1.63 (d))	(Should	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
	ional with Box 18 completed	15. Certified	15. Certified Copy of Priority Document(s)				
i. DELETION OF INVE Signed statement attached			(if foreign priority is claimed) 16. ☐ Nonpublication Request under 35 U.S.C. 122				
named in the prior applica		. – ,	(b)(2)(B)(i). Applicant must attach form PTO/SB/35				
1.63(d)(2) and 1.33(b). 6. Application Data Sheet. Se	e 37 CFR 1 76	_ or its eq	uivalent.				
18. If a CONTINUING APPLICATION	**	17. Other: _	information halou	, and in a proliminant			
amendment, or in an Application Da			mormation below	r and in a preiminary			
☐ Continuation ☐ Divi		on-in-part (CIP) of	orior application	No: <u>10</u> / <u>085,134</u>			
Prior application information: For CONTINUATION or DIVISIONAL A	Examiner C. Wilder	ro of the prior application	Art Unit: 1637	th or doctoration is su	nnlind		
under Box 5b, is considered a part of The incorporation can only be relied to	the disclosure of the accompa	anying or divisional applic	ation and is hereb	y incorporated by refe			
	19. CORRESP	ONDENCE ADDRESS		····			
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Country	Telephone		Fax				
Name (Print/Type) Michell	e L. Holmes-Son	Registration No. (Atto	Registration No. (Attorney/Agent) 47,660				
Signature Win	hille I Soln	Q -//	Date	December 23, 2003	3		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Approved for use through 07/31/2006. OMB 0651-0032

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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

583

TOTAL AMOUNT OF PAYMENT

Complete if Known					
Application Number	ТВА				
Filing Date	Herewith				
First Named Inventor	Richard Rothman				
Examiner Name	TBA				
Art Unit	TBA				
Attorney Docket No.	001107.00412				

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)				
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None	3. A	3. ADDITIONAL FEES				
Order	Larg	e Entity	Small I	Entity		
□ Deposit Account: □	Fee	Fee	Fee	Fee		
Deposit	Code	(\$)	Code	(\$)	Fee Description	Fee Paid
Account 19-0733	1051	130	2051	65	Surcharge - late filing fee or oath	
Number	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit	1053	130	1053	130	Non-English specification	
Account Banner & Witcoff, LTD.	1812	2,520	1812	2,520	For filing a request for reexamination	
Name	1804	920*	1804	920*	Requesting publication of SIR prior to	
The Director is authorized to: (check all that apply) ☑ Charge fee(s) indicated below ☑ Credit any overpayments					Examiner action	
☐ Charge any additional fee(s) during the pendency of this application	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1251	110	2251	55	Extension for reply within first month	
FEE CALCULATION	1252	420	2252	210	Extension for reply within second month	
1. BASIC FILING FEE	1253	950	2253	475	Extension for reply within third month	
Large Entity Small Entity	1254	1,480	2254	740	Extension for reply within fourth	
Fee Fee Fee Fee Description	1055	0.040	0055	4 005	month	
Code (\$) Fee Paid	1255	2,010	2255	1,005	Extension for reply within fifth month	1
1001 770 2001 385 Utility filing fee 385	1401 1402	330 330	2401 2402	165 165	Notice of Appeal Filing a brief in support of an appeal	+
1002 340 2002 170 Design filing fee	1402	290	2402	145	Request for oral hearing	
1003 530 2003 265 Plant filing fee					Petition to institute a public use	
1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filling fee	1451	1,510	1451	1,510	proceeding	
1003 100 2003 00 1 Tovisional limiting les	1452	110	2452	55	Petition to revive – unavoidable	
\$UBTOTAL (1) (\$) 385	1453	1,330	2453	665	Petition to revive – unintentional	
A EVERA OLAMA EEEO EOR HEURY AND DEICOUE	1501	1,330	2501	665	Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from Fee	1502	480	2502	240	Design issue fee	
Claims below Paid	1503	640	2503	320	Plant issue fee	
Total Claims 42 -20 ** = 22 X 9 = 198	1460	130	1460	130	Petitions to the Commissioner	
Independent	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q	·
Claims 2 -3 ** = 0 X = 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent X = 0					Recording each patent assignment	
	8021	40	8021	40	per property (times number of properties)	
Foo Foo Foo	1809	770	2809	385	Filing a submission after final rejection	
Code (\$) Code (\$) Fee Description	1				(37 CFR § 1.129(a))	
1202 18 2202 9 Claims in excess of 20	1810	770	2810	385	For each additional invention to be	
1201 86 2201 43 Independent claims in excess of 3					examined (37 CFR § 1.129(b))	\vdash
1203 290 2203 145 Multiple dependent claim, if not paid	1801	770	2801	385	Request for Continued Examination (RCE))
1204 86 2204 43 ** Reissue independent daims over original patent	1802	900	1802	900	Request for expedited examination	
1205 18 2205 9 "Reissue claims in excess of 20 and	1				of a design application	
over original patent	Other	Other fee (specify)				
SUBTOTAL (2) (\$) 198		,		_		
(4) 100	*Red	luced by B	asic Filin	g Fee P	aid SUBTOTAL (3) (\$) 0	
**or number previously paid, if greater, For Reissues, see above						

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	Michelle L. Holmes-Son	Registration No. (Attorney/Agent)	47,660	Telephone	(202) 824-3000		
Signature	Muli Ole 2 Holmes	1-12-		Date	December 23, 2003		

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